

## Confirmation Letter

May 16, 2025

Insured person:	Kaveri Verma		
Insurance plan:	Silver		
Insurance ID:	305232902	Policy number:	47250153ION0801
Effective date:	August 19, 2025	Termination date:	December 18, 2025
Covered dependents:	N/A		

### Summary Schedule of Benefits:

Annual maximum:	\$400,000
Per injury/sickness maximum:	\$150,000
Deductible per event Student Health Center:	\$45
Deductible per event elsewhere:	\$100
Pre-existing conditions:	Covered after 6 months
Medical evacuation:	\$60,000
Repatriation of remains:	\$50,000
Insurance carrier*:	Berkshire Hathaway Specialty Insurance Bermuda
Insurance carrier representative address:	ISO, 150 W 30th St, New York, NY 10001
A.M. Best rating**:	A++

Claims are handled by SISCO Benefits, PO Box 3190, Dubuque, IA 52004. Tel: (833) 577-2586

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Medical expense benefits are subject to policy limitations and exclusions. After deductible and copayments, benefits are covered according to the schedule of benefits in your plan's brochure.

\*Berkshire Hathaway Specialty Insurance Bermuda is a Segregated Account administered by Citadel International Reinsurance Company Limited in Bermuda.

\*\*Berkshire Hathaway Specialty Insurance Bermuda is reinsured 100% by Berkshire Hathaway Specialty Insurance Company, part of the National Indemnity group of insurance companies, which hold financial strength ratings of A++ from AM Best.